



Overview: Peach State Health Plan (Peach State) has heard concerns from the provider community regarding payment to our providers. While many of these issues are not unusual for a start up, we recognize that it may be having an impact on providers and their office operations. Peach State takes seriously the impact we may be having on providers and wishes to proactively communicate these issues to you as well as the actions we are taking to resolve them. Since it is likely your members will look to you for help, Peach State has compiled this overview to ensure your members and our providers have the latest information. Peach State has identified three major areas affecting claims submission and payment. These three areas are identified below with the actions that are currently underway.

Lower than Expected Claims Volume

Provider Concern: Providers claims have not been received by Peach State for processing. Overall volume of claims received by Peach State has been lower than anticipated based upon membership and industry standards.

Actions:

- Peach State has outreached to all approved EDI clearinghouses to ensure all claims submitted are being received on a timely basis. The following issues have been identified and will be resolved no later than Friday July 28th.
 - System interface issues were not allowing acknowledgement and rejection reports to be transmitted from Peach State to the clearinghouse and ultimately to the provider. Consequently providers were not getting reports identifying that their claims were accepted or rejected.
 - Providers were not billing with their Medicaid number in the appropriate field or with the full complement of digits causing claim rejection. Peach State implemented a work around on 7/17 to auto fill leading zeros on the Medicaid number to allow the claim to be received in our systems. Alpha character suffixes still need to be supplied for a claim to properly adjudicate.
- Peach State's Provider Relations representatives began an aggressive outreach to high volume and targeted providers to proactively educate and resolve claims submission errors. This outreach is being done telephonically as well as through on-site visits to physician's offices. Outreach will be completed no later than Friday, August 11th. Issues being addressed in the outreach education include:
 - Submission of Medicaid ID# in the appropriate field and with the appropriate number of digits on their claims. Failure to submit appropriately can result in rejections.

- Tax ID# that is submitted on the claim must match the number in our system. Providers have not consistently submitted claims with Tax ID#s that match resulting in rejections via EDI.
- Peach State's provider EDI hotline (**800-225-2573 x25525**) is responding on a one-on-one basis to resolve claims submission questions and concerns from all providers.

Timeliness of Provider Payments

Provider Concern: Providers have received minimal or no payment from Peach State.

Actions:

- Peach State is processing and adjudicating claims on a daily basis vs. a normal weekly processing cycle. This will result in more timely payment of claims to providers.
- Through July 20th, Peach State has paid a total of \$7.7 million in claims.
- Peach State's electronic funds transfer technology (EFT) is currently being loaded and Peach State is beginning to aggressively outreach to sign up additional providers for this service. Registrations forms can be located on the web site (**www.pshpgeorgia.com**).
- Peach State is continually evaluating its claims systems and making configuration adjustments, when necessary, to ensure quality and accuracy of claims payment.
- Peach State's Provider Hotline (**866-874-0633**) is working with each provider to identify claims payment problems and work through any issues to ensure prompt payment.

Number of Providers Still in Contracting & Credentialing Process

Provider Concern: Providers who have signed a contract are not yet loaded as participating providers with Peach State.

Actions:

- Peach State has put together an aggressive action plan to identify all provider contracts in-house and facilitate the processing of those contracts through the credentialing process.
 - Providers are being prioritized by service region to facilitate processing.
- All existing in house contracts will be processed, with providers credentialed and loaded as participating by August 31st.
- Providers who are in the process of contracting and credentialing may continue to treat Peach State members by calling for a prior authorization from the Medical Management department (**800-704-1483**). When requesting the pre-authorization, the provider should indicate to the medical management staff that they have already signed a Peach State contract.

Peach State Health Plan is committed to working with the provider community to resolve all outstanding claims and provider relations issues. Please feel free to contact David McNichols (678-556-2330), Jonna Kirkwood (678-556-2322), or Scott Garrett (678-556-2353) for any questions you may have.

